1	Name and Address of Recipient:	2	Fund Type:
	Agency Name Carter County		☐ State
	Street Address 228 Carol Malone Boulevard		
	City, State Zip Grayson, KY 41143		Other:
		8	Method of Payment:
2	KDE Contact Information:		
	Program Consultant – Phone # Donna Tackett – 502-564-3791	1//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 th Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979		Lump Sum
	Street Address 500 Mero St., 16 th Fl., CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY14 Title I, School Improvement Funds		Quarterly
	Fund Source Title I, Part A Section 1003 (g)		Other
	CFDA# 84.377A		
	MUNIS Project Number 4603	10	Financial Reporting Method:
	Master Agreement Number N/A	1	Electronic Submission CDIP
			Other
4	Grant Authority (Source):		
	NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts	111	
	76,77,80,81,82 and 85		
5	REVISED Award Amount:		Evaluations:
	\$639,172.00 East Carter High School	PAR	RED FOR
6	Period of Award:	E	5 5
	July 1, 2013 – September 30, 2014		5 5
12	Consortia/Partnership Members:		BUGATION
13	Special Instructions/Conditions: Any revisions to the budget or the plan	shoul	d be sent to title1reports@education.ky.gov and must be
	approved prior to implementing changes. District will be reporting toward m	eeting	annual goals on a quarterly basis. The final Federal
	Cash Request must be submitted by December 10, 2014.		
4.4	Authorized By (Nemo/Title), Denne Teckett Director		Deta: November 9, 2012
14	Authorized By (Name/Title): Donna Tackett, Director Division of Consolidated Plans and Audits		Date: November 8, 2013
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	2	Fund Type:
	Agency Name Christian County Schools		☐ State
	Street Address 200 Glass Street		
	City, State Zip Hopkinsville, KY 42240		Other:
		8	Method of Payment:
2	KDE Contact Information:		
	Program Consultant – Phone # Donna Tackett – 502-564-3791	1//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 th Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979		Lump Sum
	Street Address 500 Mero St., 16 th Fl., CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY14 Title I, School Improvement Funds		Quarterly
	Fund Source Title I, Part A Section 1003 (g)		Other
	CFDA# 84.377A		
	MUNIS Project Number 4603	10	Financial Reporting Method:
	Master Agreement Number N/A	\	Electronic Submission CDIP
			Other
4	Grant Authority (Source):		
	NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts	11	
	76,77,80,81,82 and 85		
5	REVISED Award Amount:	11	Evaluations:
	\$639,172.00 Christian County High School	PAF	RED FOR
6	Period of Award:	E	C C
	July 1, 2013 – September 30, 2014		3 3
12	Consortia/Partnership Members:	1000	
13	Special Instructions/Conditions: Any revisions to the budget or the plan		
	approved prior to implementing changes. District will be reporting toward m	eeting	annual goals on a quarterly basis. The final Federal
	Cash Request must be submitted by December 10, 2014.		
14	Authorized By (Name/Title): Donna Tackett, Director		Date: November 8, 2013
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	2	Fund Type:
	Agency Name Greenup County Board of Education		☐ State
	Street Address 45 Musketeer Drive		
	City, State Zip Greenup, KY 41144		Other:
		8	Method of Payment:
2	KDE Contact Information:		
	Program Consultant – Phone # Donna Tackett – 502-564-3791		Expenditure Reimbursement
	Street Address 500 Mero St., 8 th Fl., CPT		Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979		Lump Sum
	Street Address 500 Mero St., 16 th Fl., CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
	1 Simulating 111 1888	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY14 Title I, School Improvement Funds		Quarterly
	Fund Source Title I, Part A Section 1003 (g)		Other
	CFDA# 84.377A		
	MUNIS Project Number 4603	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission CDIP
			Other
4	Grant Authority (Source):	1	
-	NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts	11	
	76,77,80,81,82 and 85		
5	REVISED Award Amount:	11	Evaluations:
	\$645,542 Greenup County High School	PAF	RED FOR
6	Period of Award:		C C
	July 1, 2013 – September 30, 2014		3 3
12	Consortia/Partnership Members:		
13	Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be		
	approved prior to implementing changes. District will be reporting toward m	eeting	g annual goals on a quarterly basis. The final Federal
	Cash Request must be submitted by December 10, 2014.		
14	Authorized By (Name/Title): Donna Tackett, Director		Date: November 8, 2013
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	2	Fund Type:
	Agency Name		☐ State
	Street Address P.O. Box 34020		
	City, State Zip Louisville, KY 40232		Other:
		8	Method of Payment:
2	KDE Contact Information:		Federal Cash Request
	Program Consultant – Phone # Donna Tackett – 502-564-3791		Expenditure Reimbursement
	Street Address 500 Mero St., 8 th Fl., CPT	-4	Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979		Lump Sum
	Street Address 500 Mero St., 16 th Fl., CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		Delin harmonia (Francisco)
_	Description/Frank Course of Assent and Fiscal Vers	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY14 Title I, School Improvement Funds		Quarterly
	Fund Source Title I, Part A Section 1003 (g)		Other
	CFDA# 84.377A		
	MUNIS Project Number 4603	10	Financial Reporting Method:
	Master Agreement Number N/A		Electronic Submission: CDIP
			Report must be submitted by school level
_			Other
4	Grant Authority (Source):	11	
	NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts		
5	76,77,80,81,82 and 85 REVISED Award Amount: \$4,474,204	11	Evaluations:
J	Doss HS \$639,172, Fairdale HS \$639,172, Iroquois \$639,172,	AK	Evaluations:
	Knight MS \$639,172, Seneca HS \$639,172, Southern HS \$639,172,		9 9
	Waggener \$639,172		5 5
6	Period of Award: Kentucky Department o	- 5	DUCATION
	July 1, 2013 – September 30, 2014		DOCATION
12	Consortia/Partnership Members:	I	
13	Special Instructions/Conditions: Any revisions to the budget or the plan s	should	be sent to title1reports@education.kv.gov and must be
	approved prior to implementing changes. District will be reporting toward me		
	Cash Request must be submitted by December 10, 2014.	3	
14	Authorized By (Name/Title): Donna Tackett, Director		Date: November 8, 2013
	Division of Consolidated Plans and Audits		
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	2	Fund Type:
	Agency Name Martin County Board of Education		☐ State
	Street Address Rt. 4, P.O. Box 366		
	City, State Zip Inez, KY 41224		Other:
		8	Method of Payment:
2	KDE Contact Information:		
	Program Consultant – Phone # Donna Tackett – 502-564-3791		Expenditure Reimbursement
	Street Address 500 Mero St., 8 th Fl., CPT	7	Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979		Lump Sum
	Street Address 500 Mero St., 16 th Fl., CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY14 Title I, School Improvement Funds		Quarterly
	Fund Source Title I, Part A Section 1003 (g)		Other
	CFDA# 84.377A		
	MUNIS Project Number 4603	10	Financial Reporting Method:
	Master Agreement Number N/A	1	Electronic Submission CDIP
			Other
4	Grant Authority (Source):		
	NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts	10	
	76,77,80,81,82 and 85		
5	REVISED Award Amount:	11	Evaluations:
	\$639,172.00 Sheldon Clark High School	PAR	KED FOK
6	Period of Award:	E	C C
	July 1, 2013 – September 30, 2014		2 2
12	Consortia/Partnership Members:		
13	Special Instructions/Conditions: Any revisions to the budget or the plan should be sent to title1reports@education.ky.gov and must be		
	approved prior to implementing changes. District will be reporting toward m	eeting	annual goals on a quarterly basis. The final Federal
	Cash Request must be submitted by December 10, 2014.		
			D () 0 0040
14	Authorized By (Name/Title): Donna Tackett, Director		Date: November 8, 2013
	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	2	Fund Type:
	Agency Name Newport Independent Board of Education		☐ State
	Street Address 301 E. Eighth Street		
	City, State Zip Newport, KY 41071		Other:
		8	Method of Payment:
2	KDE Contact Information:		
	Program Consultant – Phone # Donna Tackett – 502-564-3791	1//	Expenditure Reimbursement
	Street Address 500 Mero St., 8 th Fl., CPT	7	Automatic Payment
	Budget Contact – Phone # Judy Howard – 502-564-1979		Lump Sum
	Street Address 500 Mero St., 16 th Fl., CPT		Receipt of Invoice from Vendor
	City, KY Zip Frankfort, KY 40601		
		9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		Monthly
	Description FY14 Title I, School Improvement Funds		Quarterly
	Fund Source Title I, Part A Section 1003 (g)		Other
	CFDA# 84.377A		
	MUNIS Project Number 4603	10	Financial Reporting Method:
	Master Agreement Number N/A	1	Electronic Submission CDIP
			Other
4	Grant Authority (Source):		
	NCLB, Title I, Part A Section 1003(g), 34CFR 200; 34 CFR EDGAR Parts	10	
	76,77,80,81,82 and 85		
5	REVISED Award Amount:	11	Evaluations:
	\$639,172.00 Newport High School	PAR	RED FOR
6	Period of Award:	E	5 5
	July 1, 2013 – September 30, 2014	llen,	5 5
12	Consortia/Partnership Members:	- E	DUCATION
13	Special Instructions/Conditions: Any revisions to the budget or the plan		
	approved prior to implementing changes. District will be reporting toward m	eeting	gannual goals on a quarterly basis. The final Federal
	Cash Request must be submitted by December 10, 2014.		
14	Authorized By (Name/Title): Donna Tackett, Director		Date: November 8, 2013
14	Division of Consolidated Plans and Audits		Date. November 0, 2013
	Division of Consolidated Plans and Audits		